

**LACASSE & ASSOCIATES***PROFESSIONAL PATENT SERVICES*

1725 Duke Street, Suite 650

Alexandria, Virginia 22314

Phone (703) 838-7683/Facsimile (703) 838-7684

E-Mail: patserv@lacasse-patents.com

RECEIVED
CENTRAL FAX CENTER

APR 04 2005

**CONFIDENTIAL
FACSIMILE TRANSMITTAL SHEET****DATE SENT:** April 4, 2005**DELIVER TO:****Name:** Examiner Derrick Ferris**Company:** USPTO / GAU 2663**Fax No:** 703-872-9306**FROM:** Ramraj Soundararajan**YOUR FILE:** 09/587,352

THERE WILL BE A TOTAL OF **2** PAGE(S) INCLUDING THIS COVER SHEET.
OUR FACSIMILE MACHINE COMMUNICATES WITH ALL GROUP III, II AND FM6
MACHINES.

NOTICE: The documents transmitted by this facsimile are intended for the use of the individual or the entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of the message is not the intended recipient, or the employee, or agent responsible for delivering this document to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original facsimile to us at the above address via the Postal Service.

- Authorization to Act

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

Naofumi Kobayashi

Application No.

09/587,352

Filed:

6/5/2000

Title:

IP Communications Network System and QoS Guaranteeing Apparatus

Attorney Docket No.

FUJY 17.397

Art Unit:

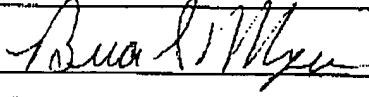
2663

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Ramraj Soundararajan	53832

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature		Date
Name	Brian S. Myers	April 4, 2005
Telephone	212-940-8800	Registration No., if applicable
		46947

RECEIVED
CENTRAL FAX CENTER
APR 04 2005